

12 October 2020

PSNC Briefing 022/20: NHS Test and Trace – Frequently Asked Questions

PSNC is working with NHS England and NHS Improvement (NHSE&I), with information from Public Health England (PHE), to clarify how the Government's NHS Test and Trace programme applies to community pharmacy to help reduce the need for large numbers of pharmacies needing to close should an employee test positive for COVID-19.

Please note: This briefing contains advice for contractors that has been updated on **12th October 2020**

This updated briefing provides further information on the programme, gives advice on patient and staff contacts, and outlines the relevant mitigations that may help to avoid the need for whole pharmacy teams to self-isolate if one member tests positive for coronavirus. It will be updated if and when more information becomes available. This is not a substitute for Government advice.

Q1. What is Test and Trace?

On 27th May 2020 the Government introduced the [NHS Test and Trace service](#) in response to the COVID-19 pandemic to 'help to control the rate of reproduction (R), reduce the spread of the infection and save lives' and allow the Government 'to go as far as it is safe to go in easing lockdown measures'. The service aims to **test** those with coronavirus symptoms and **trace** those with whom anyone testing positive has been in contact and ask **recent close contacts** to self-isolate for 14 days.

Q2. Do the existing rules on self-isolating when you or a member of your household has symptoms also still apply?

Yes. The existing rules apply and, for example, a person who has coronavirus symptoms should self-isolate and so should other members of that person's household.



Q3. Can pharmacy staff get a coronavirus test?

Yes. Anybody with coronavirus symptoms can get a coronavirus test. Pharmacy staff also have access to priority testing through their pharmacy employer.

Q4. Can contractors refer staff for a coronavirus test?

Yes. Contractors are employers of essential workers and can refer staff for testing if they are self-isolating because either they or a member of their household have coronavirus symptoms. Referring employers must have login details for the employer referral portal and to get this they should email portalservicedesk@dhsc.gov.uk and provide 'the organisation name, nature of the organisation's business, region and names (where possible) and email address of the 2 users who will load essential worker contact details'. For more information see <https://www.gov.uk/guidance/coronavirus-covid-19-getting-tested>

Currently, there are significant numbers of employers of essential workers seeking login details, which is leading to delays in these being provided. Community pharmacies are recognised as employers of essential workers and will receive login details as soon as DHSC is able to provide them. If any contractor has waited for more than 2 weeks for a response from DHSC, please contact PSNC by email – see contact details below.

Q5. What happens if a pharmacy staff member tests positive?

If a staff member tests positive for coronavirus, that member of staff should self-isolate. Also, if a staff member is asked to self-isolate by NHS Test and Trace, that staff member should self-isolate. [Click here for more information](#), including on more circumstances and information on when to self-isolate.

Q6. What if a staff member is contacted by Test and Trace?

If a staff member is contacted by Test and Trace (or goes on to Test and Trace online) and is asked to say or write a list of names of contacts or **recent close contacts** relating to work in a pharmacy, **the staff member should give the name, address and contact details of the pharmacy**. The staff member should **NOT** give the names of pharmacy staff with whom they work. This is to avoid automatic texts informing pharmacy staff that they are (recent close) contacts and must self-isolate for 14 days, which are difficult for the Local Health Protection Team to over-turn subsequently, if this is appropriate.

Q7. Who considers whether other pharmacy staff members should self-isolate?

There are three tiers of contact tracers at NHS Test and Trace. PHE has confirmed that the Local Health Protection Team (Tier 1) should assess whether there have been any **recent close contacts** in the pharmacy - those who should be asked to self-isolate if a member of staff has tested positive and is already isolating. The Local Health Protection team is likely to contact the pharmacy, for example, to seek help gathering more information about contacts during the staff member's infectious period (broadly any time from 48 hours before the onset of symptoms when the staff member started to self-isolate, to 10 days after the onset of symptoms) and consider whether any of these contacts have been **recent close contacts**. Contractors should respond promptly to requests for information and may be asked to assist with the assessment.

Contract tracers may also be one of the (approx. 3,000) nationally employed healthcare professionals (Tier 2) or the (approx. 20,000) call handlers (Tier 3), but any assessment of a **recent close contact** should be by the Local Health Protection Team. Escalate the case to the Local Health Protection Team if there is an assessment of a close contact at the Tier 2 or 3 levels, because staff absences can affect the continued provision of pharmacy services.

Q8. What if the case is not being considered by the Local Health Protection Team?

If the case is not being considered by the Local Health Protection Team, contractors should ask for it to be referred there and, if necessary, telephone the Local Health Protection Team direct. You can find their contact details at: <https://www.gov.uk/health-protection-team>

If a contractor's case is assessed by a contact tracer (Tier 2 or 3) and the contractor disagrees with an assessment or an identification of a **recent close contact**, they should ask for the case to be referred to the Local Health Protection Team or contact the team direct.

Q9. What is a close contact?

A **close contact** broadly means spending 15 minutes or more within 2 metres of an infected person, or a very close specified personal interaction for a shorter period of time, e.g. skin to skin physical contact or travel in the same small vehicle, and applies to those who spend significant time with an infected person within the same household.

Q10. Can I provide personal data about pharmacy staff?

[Data protection legislation permits this](#), for example, names and contact details, where it supports necessary and appropriate action, and this includes NHS Test and Trace.

Q11. How do I minimise the effect of NHS Test and Trace on the pharmacy?

The proper use of PPE for direct patient care (the PPE required may change depending on the circumstances and risks) should provide adequate protection against transmission of coronavirus, and PHE guidance indicates this will not be considered a **recent close contact**. This is partly because contact with the patient is of relatively short duration and, where the risks are higher, the PPE recommended in the NHSE&I SOP is greater – gloves, apron and type IIR fluid resistant face mask, and, it is understood from PHE, currently also eye protection or a visor. It is understood this is 'full PPE' that will mean there is no **recent close contact** when in the proximity of a person who is tested positive for coronavirus. See the [NHSE&I community pharmacy SOP](#) and <https://psnc.org.uk/the-healthcare-landscape/covid19/personal-protective-equipment-ppe/>

In the pharmacy where there is **no** direct patient care, for example **staff working together in the dispensary**, whether there is a **recent close contact** between staff, if one tests positive for coronavirus, depends on all the circumstances – for example, the proper use of PPE, [including face masks](#), social distancing, handwashing routines undertaken frequently, and other measures to make the premises COVID-secure, including the use of physical barriers, such as full Perspex or clear screens, as well as other factors, such as the size of the dispensary, the length of time staff have been in close proximity, ventilation in the pharmacy, and staff break arrangements. The proper use of PPE involves using the correct procedures for donning and doffing PPE and staff should have appropriate training in the use of PPE. The PHE Local Health Protection Team will consider whether there has been any close contacts in the pharmacy

if one member of staff tests positive for coronavirus. This is partly because if the whole staff team is asked to self-isolate this is likely to have implications for the continued provision of community pharmacy services.

The closer staff are to each other working in the pharmacy, the smaller the dispensary or pharmacy, the longer the time staff are together and the greater any other risk factors for transmission, the more likely that the Local Health Protection Team will determine that there was a *recent close contact* and staff should self-isolate for the required period of time, if one member of staff tests positive for coronavirus. Contractors may wish to consider the use of split staff teams to avoid the risk of all staff in a pharmacy being asked to self-isolate or consider other appropriate measures.

Q12. What if the pharmacy disagrees with the contact tracer's decision?

If you disagree with an assessment or an identification of a ***recent close contact***, or you ask to speak to the contact tracer's supervisor, your case should be escalated. The Public Health England local Health Protection Team (Tier 1) will investigate cases escalated from Tier 2. Pharmacy cases should be considered by the Local Health Protection Team.

Q13. What about *close contacts* outside the pharmacy?

Staff who have ***recent close contacts*** with those outside the pharmacy may be asked to self-isolate for 14 days, but this should not affect other pharmacy staff unless they subsequently test positive for coronavirus.

Q14. If staff are asked to self-isolate for 14 days, can they get tested?

Currently, if staff are close contacts and asked to self-isolate for 14 days, they are eligible for a COVID-19 test only if they have symptoms of COVID-19. Healthcare staff may be tested where there is a clinical need to do so and if they test negative should follow the advice of the Health Protection Team.

Q15. Should I pause the NHS COVID-19 app when at work in the pharmacy?

Yes. For those who have downloaded and are using the NHS COVID-19 app, NHS England and NHS Improvement (NHSE&I) advises healthcare workers to pause the app while working in a healthcare building, such as a hospital or GP surgery. This includes an NHS community pharmacy. The app should also be paused if working behind a fixed Perspex (or equivalent) screen, which is big enough to provide adequate protection.

Q16. What if I have had a positive antibody test?

This is likely to make no difference to your assessment under Test and Trace. Government guidance indicates that 'a positive antibody result signifies previous exposure, but it is currently unknown whether this correlates with immunity, including protection against future infection'.

Q17. Do contractors have responsibilities as employers?

Yes, clearly contractors have responsibilities as employers, for example under health and safety legislation and the Reporting of Injuries, diseases and dangerous occurrences regulations (RIDDOR), and should make workplaces as safe as possible, encourage staff to heed any notifications and to self-isolate as advised by contact tracers. They also have responsibilities to support staff self-isolating.

<https://www.gov.uk/government/publications/coronavirus-covid-19-testing-guidance-for-employers/coronavirus-covid-19-testing-guidance-for-employers-and-third-party-healthcare-providers>
<https://www.hse.gov.uk/coronavirus/riddor/index.htm>

Q18. What happens if there is a COVID-19 outbreak?

Local Public Health teams should have local control plans, and notification procedures for **outbreaks** and some have notified community pharmacy contractors of these plans. An **outbreak** is defined as 2 or more cases (suspected

and/or confirmed) linked in place/time. Generally, contractors should notify NHSE&I regional teams/Regional Incident Coordination Centres of any outbreaks in their pharmacies.

Q19. What if the pharmacy has to close temporarily or remain open for its contractual hours?

If the provision of pharmaceutical services is interrupted temporarily, this may be for a short period of time, for a deep clean of the premises, or a longer period of time if all staff are asked to self-isolate and no replacement pharmacy team is available, NHSE&I should be informed. The pharmacy may be able to open for shorter hours, or working behind closed doors, in which case flexibility in the provision of pharmaceutical services should be sought in accordance with the emergency regulations which remain in place until at least 30 November 2020. [Click here for more information](#)

A pharmacy that has to close temporarily should follow its business continuity plan and liaise with local pharmacies that patients are likely to go to instead to have their prescriptions dispensed. PSNC's [emergency closure checklist](#) developed with NHSE&I provides a useful checklist of steps to take if the pharmacy is closing.

The NPA and CCA have also developed business continuity guidance <https://www.npa.co.uk/information-and-guidance/continuity-pharmacy-services-plan-26th-march-2020/>

Q20. If pharmacies close, how will the provision of pharmaceutical services be maintained?

If maintaining the provision of pharmaceutical services in an area may be difficult, contractors should liaise with each other and NHSE&I, to seek to ensure patients receive the essential medicines they need. [Click here for more information](#)

If you have queries on this PSNC Briefing or you require more information please contact [Gordon Hockey, Director of Operations and Support](#).